

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		09-4701
O.I.P.E. CLASSIFIER		49	9/14/01
FORMALITY REVIEW	CH	1119	10-03-01
RESPONSE FORMALITY REVIEW	H-L	1079	01/29/02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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507  
 10/04/01  
 617  
 1-29-02